

Attorney Docket No. 6296.204-US  
Serial No. 09/853,193; Filed: May 11, 2001  
Via Facsimile No.: 571-273-8300

**Amendments To The Claims**

The listing of claims will replace all prior versions, and listings, of the claims in the application.

**Listing Of Claims:**

Claims 1-31 (Cancelled)

Claim 32 (Currently Amended) ~~The method of claim 1, wherein A method of treating a critically ill patient or a critically ill polyneuropathy (CIPNP)-patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering an insulin analogue is administered to said critically ill patient or CIPNP patient in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL.~~

Claim 33 (Previously Presented) The method of claim 32, wherein said insulin analogue is Asp<sup>B28</sup> human insulin.

Claim 34 (Previously Presented) The method of claim 32, wherein said insulin analogue is Lys<sup>B28</sup>, Pro<sup>B29</sup> human insulin.

Claim 35 (Currently Amended) ~~The method of claim 1, wherein A method of treating a critically ill patient or a critically ill polyneuropathy (CIPNP)-patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering an active derivative of an insulin analogue or a physiologically acceptable salt of said derivative is administered to said critically ill patient or CIPNP patient in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL.~~

Attorney Docket No. 6296.204-US  
Serial No. 09/853,193; Filed: May 11, 2001  
Via Facsimile No.: 571-273-8300

**Claim 36 (Previously Presented)** The method of claim 35, wherein said active derivative of an insulin analogue is des-Thr<sup>B30</sup> human insulin γ Lys<sup>B29</sup> tetradecanoyl.

**Claims 37-39 (Cancelled)**

**Claim 40 (Previously Presented)** The method of claim 32, wherein said insulin analogue is administered intravenously.

**Claim 41 (Previously Presented)** The method of claim 33, wherein said Asp<sup>B28</sup> human insulin is administered intravenously.

**Claim 42 (Previously Presented)** The method of claim 34, wherein said Lys<sup>B28</sup>, Pro<sup>B29</sup> human insulin is administered intravenously.

**Claim 43 (Previously Presented)** The method of claim 35, wherein said active derivative of an insulin analogue or a physiologically acceptable salt of said derivative is administered intravenously.

**Claim 44 (Previously Presented)** The method of claim 36, wherein said des-Thr<sup>B30</sup> human insulin γ Lys<sup>B29</sup> tetradecanoyl is administered intravenously.

**Claims 45-61 (Cancelled)**

**Claim 62 (Previously Presented)** The method of claim 40, wherein the patient is a human.

**Claim 63 (Previously Presented)** The method of claim 62, wherein the patient is non-diabetic.

**Claim 64 (Previously Presented)** The method of claim 41, wherein the patient is a human.

Attorney Docket No. 6296.204-US  
Serial No. 09/853,193; Filed: May 11, 2001  
Via Facsimile No.: 571-273-8300

**Claim 65 (Previously Presented)** The method of claim 64, wherein the patient is non-diabetic.

**Claim 66 (Previously Presented)** The method of claim 42, wherein the patient is a human.

**Claim 67 (Previously Presented)** The method of claim 66, wherein the patient is non-diabetic.

**Claim 68 (Previously Presented)** The method of claim 43, wherein the patient is a human.

**Claim 69 (Previously Presented)** The method of claim 68, wherein the patient is non-diabetic.

**Claim 70 (Previously Presented)** The method of claim 44, wherein the patient is a human.

**Claim 71 (Previously Presented)** The method of claim 70, wherein the patient is non-diabetic.

**Claims 72-85 (Cancelled)**

**Claim 86 (New)** A method of treating a human non-diabetic critically ill patient or a human non-diabetic critically ill polyneuropathy (CIPNP)-patient having a blood glucose level of greater than 130 mg/dL, said method comprising administering insulin, an insulin analogue, an active derivative of insulin or an insulin analogue, or a physiologically acceptable salt of said derivative to said critically ill patient or said CIPNP-patient in an amount effective to reduce blood glucose levels in said patient to within a range of from about 60 mg/dL to about 130 mg/dL.